

furnish for good

PARTICIPANT REFERRAL FORM

We are glad to be able to serve you as you choose your furnishings. Please be aware that shopping is for basic items. There may be limits placed on some items.

PARTICIPANT NAME: _____

AGENCY NAME: _____

Please initial on the following lines:

_____ Obtaining furniture from Furnish for Good is a once-in-a-lifetime opportunity. All furniture selections are limited to the inventory available the day of your visit. There may be limits on certain items that are often in short supply.

_____ The household furnishings are used. Such household furnishings are provided "as is" and Furnish for Good makes no warranties or representations regarding their condition.

_____ A volunteer staff member from Furnish for Good as well as my Case Manager will accompany me on the Furnish for Good premises and will guide me while making my selections. Furnish for Good's movers will determine if your selections can physically be moved into your unit. For example, some larger items may not be suitable for a 3rd floor move. If this is the case, we will ask you to make another selection.

_____ Once my appointment is finished, my selections are final.

_____ I assume all risk of loss or injury related to or caused by the household furnishings once I have removed them from Furnish for Good premises.

_____ I give permission for Furnish for Good to photograph me for use on social media, the Furnish for Good website or in other promotional materials.

CLIENT: _____ DATE: _____

CASE MANAGER: _____ DATE: _____

PLEASE EMAIL PAGES 7-9 OF COMPLETED FORM TO

priscilla@furnishforgood.org

DATE OF REFERRAL: _____

PARTICIPANT INFORMATION	AGENCY INFORMATION
NAME	AGENCY
STREET ADDRESS	CASE MANAGER
ZIP CODE	TELEPHONE
TELEPHONE	EMAIL
EMAIL	HOUSING DATE
ETHNICITY	PAYMENT AMT/PAID BY
REASON FOR REFERRAL	TYPE OF PAYMENT
HOUSEHOLD MEMBERS TOTAL NUMBER OF ADULTS: NUMBER OF MALES: NUMBER OF FEMALES: TOTAL NUMBER OF CHILDREN: CHILD #1 AGE M OR F CHILD #2 AGE M OR F CHILD #3 AGE M OR F CHILD #4 AGE M OR F CHILD #5 AGE M OR F	APT/HOUSE DETAILS ONE OR TWO STORY? WHAT FLOOR IS APARTMENT? ELEVATOR ACCESS? NUMBER OF BEDROOMS?

PARTICIPANT NAME: _____

DATE: _____

1 POINT = \$1

ITEM	AVG. POINTS	QUANTITY	TOTAL POINTS
LIVING ROOM			
Couch or Loveseat (max 1)	25		
Upholstered Chair or Recliner	10		
Coffee Table	8		
Side Table	8		
KITCHEN			
Dining Table with chairs (sets of 2, 4, 6)	15, 25, 35		
Cooking Packing	10		
Dining Package (sets of 2, 4, 6)	10, 15, 20		
Microwave	8		
Small Appliances (specify preference)	5		
BEDROOM & BATHROOM			
Twin mattress and bed frame (1 per person)	10		
Standard bed pillow (1 per person)	2		
Dresser (one per person/max 2)	15		
Night Stand	8		
Bedding Package (specify M/F, Adult/Child, Twin/Queen)	5		
Desk	10		
Desk chair	5		
Bookshelf	10		
Bathroom package (max 1)	8		
Extra pair of towels (max 1)	2		
ACCESSORIES			
Lamp	5		
Art (max 2)	NC		
Mirror (max 2)	NC		
TOTAL POINTS			
FURNISHING FEE	\$		